

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FORM C/OH
CITY OF SAN ANTONIO SHEET PG 1
CITY CLERK

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission File #)

2004 JUL 15 2 Total pages filed:
A 11:58 5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
	MR.	RAYNALDO	T	Date Received
	RAY	LOPEZ		Date Hand-delivered or Date Postmarked
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Receipt #
	7015 QUIET RIDGE WALK SAN ANTONIO, TEXAS 78250			Amount
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed
	(210)	680-5106		Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	MR	RAYNALDO	T	
	NICKNAME	LAST	SUFFIX	
	RAY	LOPEZ		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	7015 QUIET RIDGE WALK, SAN ANTONIO, TX 78250			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(210)	680-5106		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 06 / 2004 7 / 14 / 2004			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	5	7	2005	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			CITY COUNCIL, DIST 6	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **			
	Name			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code			
	<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH

COVER SHEET PG 2

15 C/OH NAME

RAYNALDO T. LOPEZ

2004 JUL 15 A 11:58

ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

1,513.29

4. TOTAL POLITICAL EXPENDITURES

\$

1,513.29

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

0

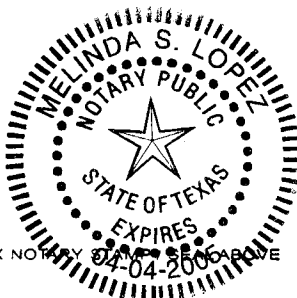
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

1,513.29

19 AFFIDAVIT

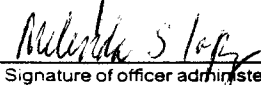


AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Raynaldo T. Lopez, this the 15th day of July, 20 04, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

 2004 JUL 15 A 11:58
Total pages Schedule G:

3

2 FILER NAME

RAYNALDO T. LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

FROST BANK GARAGE

6 Payee address; City; State; Zip Code

COMMERCE @ S. FLORES

SAN ANTONIO, TX 78201

8 Amount (\$)

1.80

7 Purpose of expenditure (See instructions regarding type of information required.)

☒ Reimbursement
from political
contributions
intended

4-7-04

PARKING

Date

Payee name

HEB GROCERY STORE

Payee address; City; State; Zip Code

9255 GRISCOM Rd.

SAN ANTONIO, TX 78250

Amount (\$)

21.26

Purpose of expenditure (See instructions regarding type of information required.)

☒ Reimbursement
from political
contributions
intended

4-8-04

DEVELOP CAMPAIGN FILM

Date

Payee name

CHILI'S RESTAURANT

Payee address; City; State; Zip Code

12503 DE ZAVALA

SAN ANTONIO, TX 78

Amount (\$)

34.15

Purpose of expenditure (See instructions regarding type of information required.)

☒ Reimbursement
from political
contributions
intended

4-15-04

LUNCH MTG WITH POTENTIAL CAMPAIGN SUPPORTERS.

Date

Payee name

ALLIED ADVERTISING

Payee address; City; State; Zip Code

3700 BLANCO Rd.

SAN ANTONIO, TX 78212

Amount (\$)

490.85

Purpose of expenditure (See instructions regarding type of information required.)

☒ Reimbursement
from political
contributions
intended

4-26-04

CAMPAIGN SIGNAGE

Date

Payee name

ZIO'S ITALIAN RESTAURANT

Payee address; City; State; Zip Code

12858 WEST, 1110

SAN ANTONIO, TX 78

Amount (\$)

110.79

Purpose of expenditure (See instructions regarding type of information required.)

☒ Reimbursement
from political
contributions
intended

5-4-04

LUNCH MTG WITH POTENTIAL CAMPAIGN SUPPORTERS

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

2004 JUL 15 A 11:58

1 Total pages Schedule G:

3

2 FILER NAME

RAYNAUDO T. LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

EASY DRIVE

8

Amount
(\$)

6 Payee address:

City: State: Zip Code

906 Ruiz

San Antonio, TX 78207

29.50

7 Purpose of expenditure (See instructions regarding type of information required.)

5-13-04

Wooden Stakes + Nails for camping signs.



Reimbursement
from political
contributions
intended

Date

Payee name

CALIFORNIA PIZZA KITCHEN

Payee address: City: State: Zip Code

11745 WEST, IH10

SAN ANTONIO, TX 78230

Amount
(\$)

27.09

Purpose of expenditure (See instructions regarding type of information required.)

5-18-04

LUNCH MTG WITH POTENTIAL CAMPAIGN SUPPORTERS



Reimbursement
from political
contributions
intended

Date

Payee name

LA CHINITA RESTURANT

Payee address: City: State: Zip Code

1012 AVONDALE

SAN ANTONIO, TX 78223

Amount
(\$)

24.55

Purpose of expenditure (See instructions regarding type of information required.)

6-15-04

LUNCH MTG WITH POTENTIAL CAMPAIGN SUPPORTERS



Reimbursement
from political
contributions
intended

Date

Payee name

QUARRY GOLF COURSE

Payee address: City: State: Zip Code

444 BASSE RD

SAN ANTONIO, TX 78217

Amount
(\$)

453.11

Purpose of expenditure (See instructions regarding type of information required.)

6-18-04

GOLF GIFT CERTIFICATES FOR USE IN CAMPAIGN RAFFLE.



Reimbursement
from political
contributions
intended

Date

Payee name

CALIFORNIA KITCHEN

Payee address: City: State: Zip Code

11745 WEST, IH 10

SAN ANTONIO, TX 78230

Amount
(\$)

70.09

Purpose of expenditure (See instructions regarding type of information required.)

7-1-04

LUNCH MTG WITH POTENTIAL CAMPAIGN SUPPORTERS.



Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

2004 JUL 19 4:11:58

Total pages Schedule G: 3

2 FILER NAME

RAYNALDO T. LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

KINKO'S

6 Payee address; City; State; Zip Code

3740 N.W. Loop 410

SAN ANTONIO, TX 78229

8 Amount (\$)

164.54

7 Purpose of expenditure (See instructions regarding type of information required.)

7-2-04 PRINTING of campaign materials

☒ Reimbursement from political contributions intended

Date

Payee name

Jim's RESTAURANT

Payee address; City; State; Zip Code

8211 MARBACH Rd.

SAN ANTONIO, TX 78227

Amount (\$)

14.72

Purpose of expenditure (See instructions regarding type of information required.)

7-7-04 BREAKFAST MTG WITH POTENTIAL CAMPAIGN SUPPORTER.

☒ Reimbursement from political contributions intended

Date

Payee name

Kinko's

Payee address; City; State; Zip Code

3740 N.W. Loop 410

SAN ANTONIO, TX 78229

Amount (\$)

70.84

Purpose of expenditure (See instructions regarding type of information required.)

7-9-04 PRINTING of campaign materials.

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED